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POLICY REVIEW

# DEVELOPMENT GOALS AND STRATEGIES FOR CHILDREN: PRIORITIES FOR UNICEF ACTION IN THE 1990s

SUMMARY

The present document presents UNICEF proposals for goals and strategies for children and development in the 1990s. The proposals have been derived from an analysis of the experience of the 1980s, recommendations of several recent international commissions and conferences and the medium- and longer-term plans and perspectives of various United Nations agencies, including UNICEF.

The proposals contained in the present document build on the recommendations included in the report "Strategies for children in the 1990s" (E/ICEF/1989/L.5) and the comments of the Executive Board at its 1989 session, including the specific instructions contained in decision 1989/5 (E/ICEF/1989/12). In accordance with the guidance of the Board, the present report has been prepared following extensive consultations with Governments, other United Nations agencies, groups of independent experts, development planners and practitioners in different regions and a wide cross-section of UNICEF staff.

The paper proposes that the development of human capabilities and meeting basic human needs should be the focus of the UNICEF contribution to the fourth United Nations development decade. Within this overall framework, priority for UNICEF action must be set as part of the country programme approach, enriched by interaction with the global vision of specific goals and strategies for child survival, development and protection by the year 2000.

Following a brief background note in chapter I, chapter II provides a statistical analysis of the unmet needs and unfulfilled rights of children. The unprecedented opportunities for substantial gains in the well-being of children are summarized in chapter III. Chapter IV lists the goals for children and development in the 1990s, while chapter V describes the most important strategic priorities for



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meeting these goals. Programme approaches in different country situations are highlighted in chapter VI, and chapter VII outlines some operational strategies for UNICEF in the three major areas of programme, advocacy and resource mobilization, and organization and management. Finally, chapter VIII contains recommendations for Executive Board approval.

The goals and strategies proposed in the present document, while applicable to UNICEF, are presented as an agenda for children and development in the 1990s to be pursued by all institutions - Governments, international agencies, non-governmental organizations, etc. - involved in promoting the development and well-being of children. The specific actions to be undertaken by UNICEF in implementing the goals and strategies recommended in this document are elaborated in the UNICEF medium-term plan for the period 1990-1993 (E/ICEF/1990/3) and country programme recommendations.

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# I. BACKGROUND

1. In its resolution 1988/17 (E/ICFF/1988/13), the Executive Board requested the Executive Director to prepare for consideration by the Board at its 1989 session "a report on the goals, targets and elements of a global strategy for the well-being of children as an essential part of overall development", and a subsequent report to the Executive Board at its 1990 session that would include both the global strategy for children and a UNICEF operational strategy for the 1990s.

2. At its 1989 session, the Executive Board reviewed the report entitled "Strategies for children in the 1990s" (E/ICEF/1989/L.5) and generally endorsed the proposals contained therein. Furthermore, in its decision 1989/5 (E/ICEF/1989/12), the Board encouraged the Executive Director to use the ideas contained in that document "as a basis for the global strategy for the well-being of children and for consultation with Governments and other partners in development, as well as to serve as UNICEF input into the formulation of the international development strategy for the proposed fourth United Nations development decade, 1991-2000". In that decision, the Board also reiterated its earlier request to the Executive Director to prepare for its 1990 session an operational strategy for UNICEF to guide its activities in the 1990s. The present report responds to the above-mentioned Board resolution and decision.

3. The present report was prepared following extensive consultations within UNICEF, as well as with Governments, other United Nations agencies and independent experts, development planners and practitioners. The relevance and feasibility of the goals and strategies proposed in document E/ICEF/1989/L.5 were subjected to a critical review by UNICEF country representatives, in consultation with their government counterparts. Reviews were also undertaken at the regional level with the participation of independent experts and eminent development planners and thinkers in different regions. UNICEF has actively participated in various United Nations forums (e.g., the Administrative Committee on Co-ordination, senior officials meetings, the Committee for Development Planning, etc.) where preparatory work is being done to formulate an international development strategy for the fourth United Nations development decade. The proposed goals and strategies for children are in harmony with the growing consensus on priorities for development in the 1990s in those forums.

4. Within UNICEF, several interdivisional working groups analysed the operational implications of the proposed goals and strategies for UNICEF internal management, external relations and programme policies and priorities. The Executive Director held consultations with a cross-section of senior and middle management staff to review the recommendations of the working groups, as well as those from regional- and country-level consultations, to arrive at the present report.

5. The extensive consultations mentioned above have confirmed the validity of most of the goals and strategies enumerated in document E/ICEF/1989/L.5 and broadly endorsed by the Executive Board at its 1989 session. Much of the present document, therefore, draws on that earlier document, adding to it an analysis of the operational implications for UNICEF.

6. As UNICEF enters the last decade of the twentieth century, there are enormous unmet needs of children, as well as unprecedented opportunities for action. Fortunately, many Governments, international organizations and non-governmental organizations (NGOs) seem poised for action as evidenced by the adoption of the Convention on the Rights of the Child by the United Nations General Assembly in its resolution 44/25 of 20 November 1989 and the convening of a World Summit for Children in September 1990.

## II. UNMET NEEDS OF CHILDREN

7. The Convention on the Rights of the Child specifies the universally accepted minimum standards for the well-being of children, ranging from the most basic right of survival to the rights for development of a child's full potential, the protection of children from neglect and abuse, and freedom to participate in cultural, moral and spiritual pursuits, both individually and in organized communities. Although, as the following paragraphs enumerate, the rights contained in the Convention represent for the great majority of the world's children a distant goal rather than a current reality, they provide a touchstone of human concerns against which the current needs of children can be assessed.

8. The interlocking problems of the grinding poverty of their families, the degradation of the environment in which they must grow and the lack of access to some very rudimentary knowledge, skills and resources to ensure their survival, development and protection are the major unmet needs of children. In the view of UNICEF, the fourth United Nations development decade should target the fulfilment of those unmet needs and the unfulfilled rights of children among its highest priorities.

9. While some of the needs are not easily quantifiable and data for others are not always reliable, the following statistical overview is presented to depict the magnitude of problems that need to be tackled.

10. The table below gives the projected annual number of births and deaths of children under five years of age for principal regions of the world based on the medium variant projections by the United Nations.

11. Critical poverty affects about 45 per cent of children under five years old in developing countries (excluding China), or about 155 million. About 40 million of them live in urban areas and about 115 million in rural areas. Many of the problems listed below are the symptoms as well as the causes of this widespread poverty. Their solution will mitigate some of its odious consequences and contribute, through enhancement of human capacities, to the ultimate eradication of poverty itself.

Projected annual number of child births and under-five child deaths by region, 1950-2000

(In millions)

| | | 1950 | 1980 | 1990 a/ | 1995 a/ | 2000 a/ |
|---|---|---|---|---|---|---|
| WORLD | Births | 99 | 125 | 142 | 147 | 149 |
| | Deaths | 23 | 16 | 14 | 13 | 12 |
| Asia b/ | Births | 61.9 | 75.2 | 84.4 | 86.9 | 85.3 |
| | Deaths | 17.2 | 10.0 | 8.6 | 7.7 | 6.5 |
| Africa | Births | 11.6 | 22.2 | 28.6 | 32.0 | 35.1 |
| | Deaths | 3.6 | 4.3 | 4.6 | 4.7 | 4.6 |
| Latin America and the Caribbean | Births | 7.5 | 11.5 | 12.5 | 12.8 | 13.0 |
| | Deaths | 1.4 | 1.1 | 0.9 | 0.8 | 0.7 |
| North America | Births | 4.27 | 3.87 | 3.99 | 3.86 | 3.79 |
| | Deaths | 0.15 | 0.06 | 0.04 | 0.03 | 0.03 |
| Europe | Births | 7.94 | 6.73 | 6.40 | 6.33 | 6.19 |
| | Deaths | 0.61 | 0.13 | 0.09 | 0.07 | 0.06 |
| Oceania | Births | 0.37 | 0.48 | 0.52 | 0.53 | 0.54 |
| | Deaths | 0.04 | 0.02 | 0.02 | 0.01 | 0.01 |
| USSR | Births | 4.95 | 4.97 | 5.05 | 4.87 | 4.87 |
| | Deaths | 0.50 | 0.17 | 0.13 | 0.11 | 0.09 |

Sources: "Prospects 1988", "Mortality of children under age 5", United Nations Department of International Economic and Social Affairs, Population Division, 1988.

a/ For the period 1990-2000, assuming current trends as of 1989. These figures are based on the medium variant projections by the United Nations Population Division. Assuming success in reducing the under-five mortality rate (U5MR) as per the goals for the 1990s, the number of annual child deaths in the world by 1995 would be 11 million instead of 13 million, and by the year 2000, the number would be 8 million instead of 12 million. Such a reduction in U5MR would also, with some time lag, lead to a significant reduction in the number of child births.

b/ Including Japan and countries of the Middle East.

12. With regard to mortality, at the end of the 1980s, some 14 million children under the age of five years died every year in developing countries. Figure I below depicts the major causes of these deaths, many of which are attributable to multiple causes and therefore cannot be fully overcome by intervention against just the principal cause. However, the overwhelming majority of these deaths are preventable by health measures that are potentially within the reach of all communities.

13. On the subject of maternal health, less than 60 per cent of births in developing countries are attended by trained health personnel; about 500,000 women die each year from causes related to pregnancy and child birth, leaving over 1 million young children motherless; and less than half the married women of child-bearing age have the necessary knowledge to enable them properly to space child births and to prevent unwanted pregnancy.

14. On the issue of child health, one third of the world's children under one year of age are not fully immunized against the six target expanded programme on immunization diseases. Some 3 million children under five years old become seriously disabled each year from diseases that are preventable by immunization. Only about one third of the world's children are treated with oral rehydration salts, the most effective remedy against dehydration from diarrhoea, the single largest killer of children in developing countries.

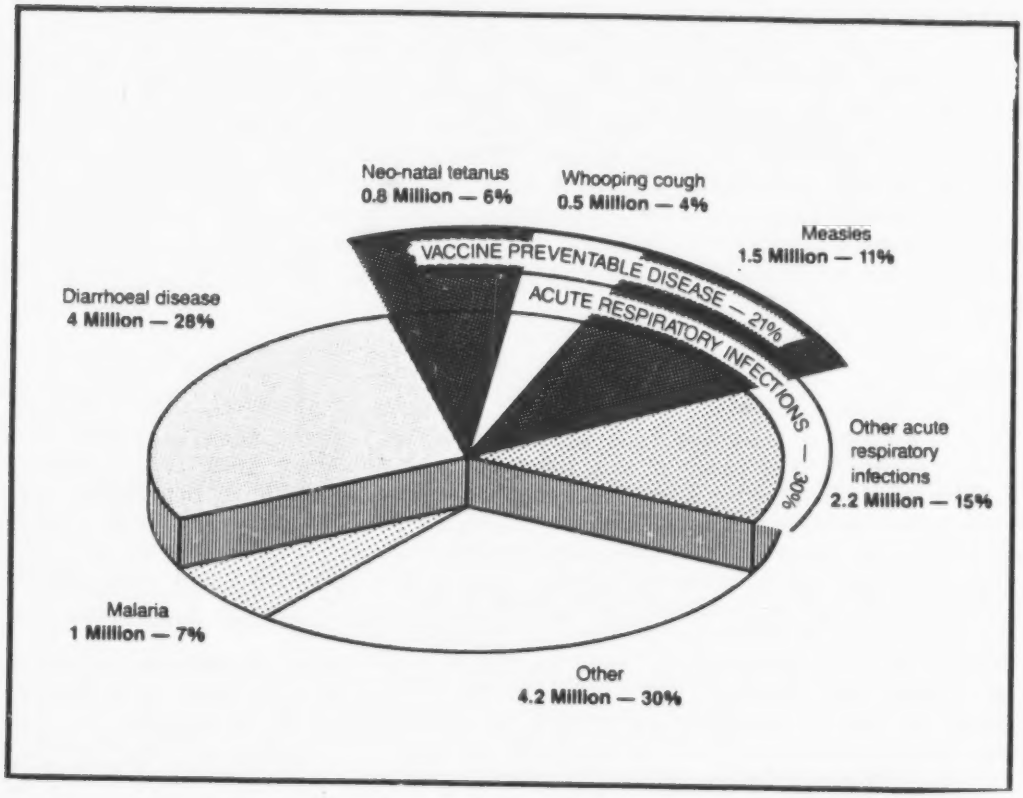
15. With regard to nutrition, about one third of all people in developing countries do not obtain sufficient energy to allow an active working life. About 40 per cent of children under five years old suffer from protein-energy malnutrition, and about 20 per cent of the infants in these countries are born with low birth weight (weighing 2.5 kilograms or less). Some 40 per cent of women of child-bearing age and half of the children under five years old suffer from nutritional anaemia. About 500,000 children under five years old lose their sight every year because of vitamin A deficiency. Within a few weeks of becoming blind, two thirds of those children die. Some 800 million people in the world are at risk of iodine defficiency disorders (IDD), of whom 200 million have actually developed goitre. Three million people - mostly children - suffer from cretinism, a debilitating disease that causes both mental and physical retardation.

16. The lack of adequate water and sanitation remains a problem. Some 40 per cent of the children in the developing world have no access to clean drinking water, while 75 per cent do not have adequate sanitation. In rural areas, the situation is much worse than these national averages.

17. In the field of education, about 20 per cent of primary-school-age children in developing countries (about 100 million) do not attend school. Of those who attend, one third drop out of school before completing four grades. There are about 960 million illiterate adults in developing countries, two thirds of whom are women.

Figure 1

ANNUAL NUMBER OF DEATHS OF CHILDREN UNDER FIVE
BY MAIN CAUSES



18. Children in especially difficult circumstances - as victims of armed conflicts, natural disasters and the breakdown of traditional family support mechanisms - account for some 20 per cent of children under 15 years of age. The number of such children - be they abandoned street children, orphans or those living in single-parent families - has been increasing rather than diminishing in recent years. The world now has about 30 million refugees and displaced persons, a majority of whom are children.

19. The above are some of the most pressing physical problems of children. Overcoming those problems is essential for their survival, development and protection, but more is needed to enable them to lead lives with full human dignity and in ways that are culturally fulfilling, socially rewarding and intellectually stimulating. For this, children's needs extend to other areas of human endeavours that enable them to enjoy a quality of life that not only meets the bare necessities for survival it also allows them to develop to their full potential. As codified in the Convention on the Rights of the Child, it is hoped that these "needs" will truly be recognized as rights of children in the decade of the 1990s. Their fulfilment is not just a matter of society's obligation to a rising generation, but, as explained later, an investment in the future development of the whole society.

## III. UNPRECEDENTED OPPORTUNITIES

20. Even a decade or two ago, the world had only limited possibilities of effectively confronting many of the problems and needs of children. Today, thanks to a series of technological breakthroughs and the communication revolution, it is quite conceivable to eradicate some of the most dreaded diseases, effectively prevent and treat many infections and disseminate the knowledge and skills for improving the quality of life of people heretofore unreached and unserved by the modern sector of the economy or government services.

21. Virtually all communities, even in the remote areas of developing countries, are now linked with metropolitan centres via radio and, increasingly, television, newspapers and video-cassette recorders (VCRs). Although actual use is still limited, basic education and health services are within reach of virtually all communities. The voices of religion, NGOs, commercial advertisements and official messages now reach unprecedented numbers of people. This capacity for communication, if combined with the low-cost, high-impact interventions in maternal and child health, water supply and sanitation, agriculture and nutrition, basic education and child development, is capable of producing a virtual revolution in the survival, development and protection of children.

22. The following are examples of some of the readily achievable actions that nations, working together, could strive for in the decade of the 1990s:

(a) The eradication of poliomyelitis, which currently cripples an estimated 200,000 children a year;

(b) The elimination of IDD, which cause severe mental and physical retardation in some 3 million people - mostly children - and affect 200 million people who suffer from goitre;

(c) The elimination of Guinea worm disease (dracunculiasis), which currently afflicts and incapacitates 20 million people, mostly women and children in Africa;

(d) The elimination of neonatal tetanus, which kills over 750,000 children and many thousands of young women every year;

(e) The virtual elimination of measles - the largest single vaccine-preventable disease - which kills 1.5 million children and exacerbates malnutrition among millions more every year;

(f) The virtual elimination of vitamin A deficiency, which totally blinds or impairs the eyesight of 500,000 children and contributes to the deaths of at least 100,000 more every year;

(g) A 50-per-cent reduction in deaths caused by diarrhoeal diseases - the single largest killer of children in the world - which are responsible for 4 million child deaths every year;

(h) A 50-per-cent reduction in deaths caused by acute respiratory infections (ARI) - the second largest killer of children in most developing countries - which are responsible for some 3 million child deaths per year;

(i) A significant increase in educational opportunities for 100 million children and 960 million adults, most of them girls and women, who at present have no access to basic education and literacy;

(j) Access to clean drinking water and safe sanitation for over 1 billion people in the developing world who are presently deprived of these basic amenities.

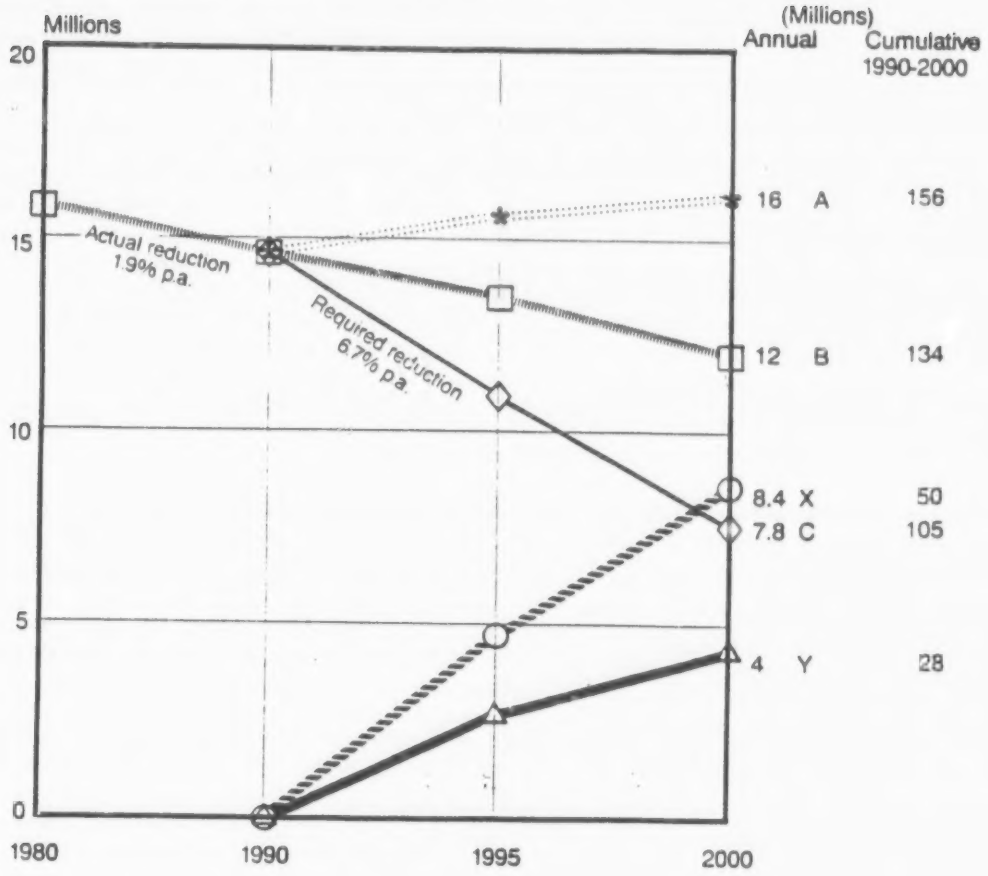
23. The elimination or drastic reduction of diarrhoeal diseases, ARI and vaccine-preventable diseases alone, as per the above goals, could prevent some 50 million child deaths in the world in this decade, which would otherwise reach the tragic toll of 156 million deaths, if current rates prevail. These same measures, along with interventions to eliminate some of the micronutrient deficiencies, could prevent an equal number of children from being physically or mentally disabled.

24. Figure II depicts the progress possible in reducing child deaths if the goals and strategies for child survival and development (CSD) proposed in the present report are effectively implemented in the coming decade.

25. Such a reduction in child deaths would help to set in motion an even greater reduction in the number of births, as historical evidence indicates that a sustained decline in child mortality to a level where parents gain confidence in their capacity to ensure the survival of their first-born child is followed by even greater declines in fertility.

Figure II

**Global Estimated Deaths and Lives Saved**
**Children Under 5 Years of Age, 1980-2000**




| | |
|---|---|
| Deaths A | Millions of child deaths per year (estimated for 1980-1990, and assuming the 1990 U5MR remaining constant for 1990-2000) |
| Deaths B | Millions of child deaths per year (estimated for 1980-1990, and projection based on current trends for 1990-2000) |
| Deaths C | Millions of child deaths per year assuming all countries make sufficient progress during the 1990s to reach the U5MR global target by the year 2000 |
| Lives Saved X | Millions of child lives saved per year, assuming an accelerated reduction of U5MR during the period 1990-2000 to meet the U5MR goal for the year 2000 (Deaths A less Deaths C) |
| Lives Saved Y | Millions of child lives saved per year, assuming an accelerated reduction of U5MR during the period 1990-2000 to meet the U5MR goal for the year 2000 (Deaths B less Deaths C) |

Source: UN Population Division and UNICEF

26. It has been estimated that, in addition to what the nations of the world are already investing in their development, an additional $50 billion per year - equivalent to 1 per cent of the world's combined annual gross national product (GNP), or 5 per cent of the world's annual military expenditure - might be required throughout the 1990s to meet the great human goals of adequate food, water, health care and education for all. The price tag for the readily "do-able" health interventions that could reduce the world's child mortality by one third in the next decade, i.e., to prevent 50 million child deaths, would be in the range of $2 billion to $3 billion per year, which is roughly equivalent to the world military expenditure for just one day. Money alone, of course, is not enough. Infrastructures need to be built, training needs to be provided, management skills need to be developed and all possible channels of information, communication and education need to be mobilized to impart relevant knowledge and skills to parents. All of this, however, is achievable given the most critical missing ingredients - the political will, vision and leadership.

27. With such possibilities within human reach, the challenge for the international development strategy during the 1990s should be to strengthen the emerging global ethic that large-scale premature death, disability and the lack of opportunity for development and protection of children in the face of readily available preventive actions are as unconscionable as slavery, colonialism and racism in the modern world. Within the past generation, a world ethic has emerged that no longer permits millions of children to perish in sudden emergencies of drought, famine or earthquakes, but demands a quick and adequate response from people and Governments. This ethic should be extended in the 1990s to incorporate the assurance of the survival, development and protection of children as a principal goal of development and a new moral injunction that no longer accepts the silent emergency of avoidable death, disablement and underdevelopment.

## IV. GOALS FOR CHILDREN AND DEVELOPMENT IN THE 1990s

28. As the international community begins to formulate goals and strategies for the fourth United Nations development decade, there is a growing consensus that human development should take centre stage in development planning in the 1990s. An emphasis on human development would entail using the fulfilment of basic human needs as the most important indicator of development and the building of human capabilities as the essential means. Such an emphasis would place improvement in the well-being of people as the central purpose of development rather than confusing it with such macro-economic indices as GNP, savings, investment, trade and the building of infrastructure, which are the means, not ends, of development.

29. During the last three decades, there have been many examples of countries with high economic growth rates without corresponding declines in poverty; large stocks of food reserves and food exports coexisting with high levels of malnutrition; and staggering amounts of external debt and aid without any visible progress in improving people's standards of living. Such examples, from both developing and industrialized countries, indicate that the fulfilment of basic human needs does not simply result from or can easily be induced with economic growth alone. This realization has brought a growing number of development planners and practitioners

to the conclusion that the time has come to make the fulfilment of basic human needs and the empowerment of people with the knowledge to do so a central goal of development.

30. Empowering people with knowledge and resources to meet their basic needs would imply that the success or failure of a development plan would be measured in terms of its contribution to such factors as reducing hunger and malnutrition, extending life expectancy and reducing death rates among children and adolescents, increasing access to health services to protect against common diseases, adequate shelter and sanitary environment, as well as to basic education, and facilitating religious and cultural expression and political participation.

31. The starting point of an international development strategy that emphasizes human development must be the well-being of children. It is, after all, the children whose individual development and social contribution will shape the future of the world. Wise investments made in children's health, nutrition and education is, therefore, the foundation of national development.

## A. Major goals for child survival, development and protection by the year 2000

32. It is with this conviction that UNICEF, in consultation with its partners in the United Nations system, proposes the following major goals for child survival, development and protection to be achieved by the year 2000:*

(a) Between 1990 and the year 2000, the reduction of the infant mortality rate (IMR) and U5MR in all countries by one third, or to 50 and 70 per 1,000 live births, respectively, whichever is less;

(b) Between 1990 and the year 2000, the reduction of the maternal mortality rate (MMR) by one third;

(c) Between 1990 and the year 2000, the reduction in malnutrition among children under five years old by 50 per cent;

(d) Universal access to safe drinking water and sanitary means of excreta disposal by the year 2000;

(e) By the year 2000, universal access to basic education and completion of primary education by at least 80 per cent of primary-school-age children;

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* The baseline year for all the goals included in this document is 1990. For most goals, the targets indicated would yield the same end results by the year 2000 as earlier different targets using the 1980 baseline. For example, a one-third reduction in the 1990 U5MR by the year 2000 would yield approximately the same number of child lives saved by the year 2000 as a 50-per-cent reduction in the 1980 U5MR.

(f) By the year 2000, the reduction of the adult illiteracy rate (the appropriate age-group to be determined in each country) to at least one half of its 1990 level, with an emphasis on female literacy;

(g) Improved protection of children in especially difficult circumstances.

33. The above goals will first need to be adapted to the specific realities of each country. The appropriate means to reach the goals will also depend on each country's circumstances. To reach the IMR/U5MR goals, for example, it would be important to identify the epidemiology of the major fatal diseases, which might be diarrhoeal diseases in one country, malaria in another, vaccine-preventable diseases in some and ARI or the spreading scourge of acquired immunodeficiency syndrome (AIDS) in others. Similarly, to reach basic education for all, the emphasis would be on formal primary education in most countries, but in others it might be out-of-school, non-formal education or a special emphasis on early child stimulation at the pre-primary level which is proved to enhance the quality and efficiency of primary education.

## B. Specific/sectoral goals

34. While leaving room for country-specific adaptation, it is generally suggested that the following specific/sectoral targets should be considered for all countries.

### 1. Maternal health

35. Maternal health and nutrition are the key determinants of the health and well-being of the child in early infancy and, of course, for the well-being and productivity of half of humanity. The fact that there are about 500,000 maternal deaths every year and that girls and women are in a precarious nutritional situation are just two of the many indicators that call for specific actions in at least the following areas:

(a) Special attention to the health and nutrition of the female children, recognizing that poor health and nutrition of females in their childhood and puberty ultimately lead to precarious consequences for them as mothers and for their offspring;

(b) Access by all couples, especially women, to knowledge about child spacing. This is of crucial importance since studies show that as many as one quarter of all infant deaths and one quarter of all maternal deaths could be prevented by the well-informed spacing of births;

(c) Pre-natal care and clean delivery, including the prevention of anaemia and other nutritional deficiencies during pregnancy, and tetanus toxoid vaccination of all women. At present, tetanus toxoid coverage of women in developing countries as a whole is only 30 per cent, less than half the coverage for the major childhood innoculations. This coverage needs to be increased dramatically, among other means, by ensuring tetanus toxoid vaccinations among school-age girls;

(d) The achievement of universal primary education with special emphasis on the female children, a high female literacy rate and other educational and training opportunities for women will enhance not only maternal health but also the general socio-economic status of women, which is perhaps the best example of how human development is both a means and an end to all development.

2. Child health

36. The epidemiology of diseases responsible for the most prevalent causes of mortality and morbidity and the relative cost-effectiveness of the interventions will be the basis for determining country- or region-specific child health goals. However, the following should constitute common goals for all countries in support of the major goal of substantially reducing IMR and U5MR and giving children a healthy start in life:

(a) The global eradication of poliomyelitis by the year 2000;

(b) The elimination of neonatal tetanus by 1995;

(c) The reduction of measles deaths by 95 per cent and the reduction of measles cases by 90 per cent by 1995 compared with pre-immunization levels, thus paving the way for the eradication of measles early in the next century;

(d) The maintenance of high levels of vaccination coverage (at least 85 per cent of children under one year of age) against diphtheria, pertussis, tetanus, tuberculosis, measles and poliomyelitis (until its eradication is confirmed);

(e) The reduction by 50 per cent in deaths caused by diarrhoea in children under five years of age and a 25-per-cent reduction in the diarrhoea incidence rate;

(f) The reduction by 50 per cent in death caused by ARI in children under five years old.

37. In addition to the above, many countries will need to add appropriate national or subnational goals for the prevention and control of malaria, AIDS and other diseases that are major causes of child mortality and morbidity.

3. Nutrition

38. Much has been learned in the past decade about how to combat the three major causes of malnutrition, namely, ignorance, infections and inadequate food intake. The attainment of some of the health and education goals proposed for the 1990s will greatly contribute to reducing malnutrition. The following are specific nutrition goals and strategies proposed for the 1990s:

(a) By the year 2000, a 50-per-cent reduction of 1990 levels in severe as well as moderate malnutrition among children under five years old;

(b) A 50-per-cent reduction of 1990 levels of the rate of low birth weight (2.5 kilograms or less);

(c) A reduction of iron deficiency anaemia in women by half of 1990 levels;

(d) The virtual elimination of IDD;

(e) The virtual elimination of blindness and other consequences of vitamin A deficiency.

39. Key strategies for achieving the above nutrition goals include the following:

(a) The promotion of breast-feeding to enable virtually all women to breast-feed their children exclusively for four to six months from birth and to continue breast-feeding with complementary foods well into the second year;

(b) The large-scale dissemination of existing knowledge and supporting services to increase food production, with an emphasis on high-yielding, nutritious crops to ensure adequate household food security;

(c) Growth promotion through regular monitoring of the child's growth is of vital importance to child health and nutrition. It is an instrument for making the health and nutritional well-being of the child visible to parents and health workers and empowering them to take timely preventive, curative and promotive actions (e.g., better targeted supplementary feeding programmes). Growth promotion is a powerful tool that should be institutionalized to reach a majority of children and families as the centre-piece of primary health care (PHC) and nutrition in all countries by the end of the 1990s;

(d) Nutrition surveillance using birth weight, weight-for-age of children under five years old and height-for-age of children entering primary school are three core indicators for monitoring the growth and development of children. Increasingly, the use of these indicators should be promoted, not just to measure the efficacy of health and nutrition interventions, but as key indicators of national development itself.

4. Safe water supply and environmental sanitation

40. Clean water and safe sanitation are not only basic to human health and well-being, but also contribute significantly to women's emancipation from the chore of fetching water from long distances, which is a major burden of girls and women in many societies. Among the many water-borne diseases, the supply of clean drinking water promises to help eliminate Guinea worm disease, which kills and debilitates millions of people in Africa and Asia. Based on the many innovations of simple, low-cost techniques of providing water and sanitation in rural areas and urban shanty-towns, it seems feasible to propose the following specific goals:

(a) Universal access to safe drinking water;

(b) Universal access to sanitary means of excreta disposal;

(c) The elimination of Guinea worm disease by 1995.

41. The first two goals were already included as part of the goals of the International Drinking Water Supply and Sanitation Decade (IDWSSD) (1981-1990). Although those goals proved too ambitious for the Decade, the experience gained during the 1980s indicates that the achievement of those goals by the year 2000 is feasible. The third goal - the elimination of Guinea worm disease - is dependent on health education and universal access to safe drinking water in affected areas.

5. Basic education

42. "Basic education for all by the year 2000" has come to be recognized as the counterpart to the movement for "Health for all", with PHC as the leading edge, which gained considerable momentum in the 1980s. Learning from various earlier attempts at universal primary education and literacy, many Governments, NGOs and several international agencies are now working towards a major new push in this area. The high rate of economic return on investments in primary education, and its contribution to better health, productivity and enlightened citizenship, justifies the case for making universal basic education a major priority for the fourth United Nations development decade. What requires particular emphasis is the need to reorient priorities in both national plans and external co-operation to give far greater priority to education relative to other sectors. Moreover, within education, there should be a shift of emphasis in support of primary education as compared with secondary and tertiary levels.

43. Improvement in the quality and relevance of education requires increased attention since it is often inadequacies in these areas that are at the root of low enrolment, high desertion and overall inefficiency of the educational system.

Literacy

44. Functional literacy, particularly for women, has emerged as another leading goal for the 1990s. The attainment of a high rate of female literacy by the year 2000 is considered both essential and feasible to meet and sustain all other socio-economic goals of the decade.

45. In addition to the formal school system and less formally organized educational programmes, the world now has vastly expanded channels of information and communication that can serve educational purposes. Education in the 1990s must tap the wide array of educational technologies and communications media that are bringing about an unprecedented information revolution in the world. It is the judicious combination of those new media and the traditional systems of formal and non-formal education that hold the potential for achieving education for all by the year 2000.

Early childhood development

46. The physical as well as psycho-social development and stimulation of the pre-school-age child through appropriate health, nutrition, psycho-motor and cognitive development interventions have proved to have a significant impact on the child's educational attainment and overall integral development. While the more traditional, relatively expensive kindergartens that cater to the upper-middle

classes are clearly not affordable, there are now many low-cost, family-based approaches reaching underprivileged communities that have been pioneered in several countries. Investment in such schemes has proved to yield high dividends in the efficiency of other investments in health, nutrition and education. A major effort in this area deserves to be a priority goal for the 1990s.

47. The following are specific goals for education by the year 2000:

(a) The expansion of early childhood development activities, including appropriate low-cost family and community-based interventions;

(b) Universal access to basic education and completion of primary education by at least 80 per cent of primary-school-age children through formal schooling or non-formal education of comparable learning standard, with an emphasis on reducing the current disparities between boys and girls;

(c) The reduction of the adult illiteracy rate (the appropriate age-group to be determined in each country) to at least half of its 1990 level, with an emphasis on female literacy;

(d) Increased acquisition by individuals and families of the knowledge, skills and values required for better living. These should be made available through all educational channels, including the mass media, other forms of modern and traditional communication and social action, with effectiveness measured in terms of behavioural change.

6. Children in especially difficult circumstances

48. Having survived infancy, many children in developing countries, and quite a large number in industrialized countries as well, find themselves in a situation of neglect, abandonment and exploitation. Such is the case with street children, refugee children, child victims of war and natural disasters, orphans, disabled children and youth trapped in the bondage of prostitution and drug abuse. Many innovative ways of dealing with the problems of such children have been pioneered in recent years. Among the notable examples are programmes for the protection and development of street children in Latin America; the concepts of "corridors of peace" or "days of tranquility" which have allowed the temporary cessation of hostilities to permit immunization and the provision of other health services to children in conflict areas; the creation of ombudsmen to protect the rights of children; and many community-based actions to promote the well-being of children facing especially difficult circumstances. There is growing awareness of and sensitivity to children in such circumstances and strong support for action to remedy the situation. The 1990s should see concerted efforts to find more effective and innovative ways to help children already in such circumstances and to tackle the root causes that lead to such situations.

## V. STRATEGIC PRIORITIES FOR REACHING THE GOALS

49. The goals for the year 2000 enumerated in paragraphs 28-48 above are admittedly very ambitious compared with historical experience and current trends. While the goals are considered technically feasible and financially affordable, their achievement will require a set of strategic actions that will accelerate the pace of progress which surpasses historical trends.

50. The experience of the 1980s in which child immunization coverage increased from less than 10 per cent to over 70 per cent within a decade, the awareness of oral rehydration therapy (ORT), which increased from being practically non-existent to being known by the majority of parents, and the phenomenal growth in the information and communication capacity that now makes it possible to reach virtually every village and hamlet, even in the remotest parts of the world, demonstrate that it is now feasible to bring the knowledge and skills for dramatically improving the well-being of children within the reach of every family. Increased use of low-cost, high-impact techniques of proven effectiveness, combined with massive social mobilization and an emphasis on reaching the heretofore unreached, promises to make it possible for the goals for children in the 1990s to be reached and hopefully surpassed.

51. In fact, some countries, already expecting that they will exceed those goals, have set higher standards and earlier deadlines. For example, although the global goal is to eradicate poliomyelitis by the year 2000, the Americas region hopes to accomplish this by 1990; most countries in the Middle East region hope to achieve IMR and U5MR reduction goals by 1990, 10 years ahead of the global goal; and the countries of the Caribbean have set 100 per cent coverage, not 80 per cent, as their goal for universal child immunization (UCI) and have pledged to eradicate measles from the subregion by 1995.

52. Strategies will naturally vary from country to country and will be unique to different sectors. However, the following essential strategic elements will be common to most countries and sectors.

### A. Going to scale

53. The experience of the 1980s has demonstrated that many programmes related to the human goals for the 1990s lend themselves to mass application at the national level. It is, therefore, no longer as necessary to devote an inordinate amount of time and energy to small-scale pilot projects in the 1990s as it was in earlier decades. The challenge of the 1990s is to disseminate what has already been learned from pilot projects to a scale that can lead to universal coverage of most of the basic services for human development.

54. There is, of course, always room for innovation and refinement of strategies already known to work. While this deserves support and attention, priority should be accorded to the large-scale implementation of services that work.

## B. Reaching the unreached and hard to reach

55. As coverage of services reaches the majority, it becomes increasingly difficult to reach the last 15 to 20 per cent of the population who live in remote, inaccessible areas or in overcrowded urban shanty-towns. These are often the poorest of the poor and the most vulnerable. The difficulty of reaching them, and sometimes the relatively high marginal cost of providing them with services, has often deterred and discouraged development workers. In any scheme of development that puts human well-being at the centre of the development strategy, a high priority should be assigned to reach the unreached or hard to reach.

56. Just as helping the least developed and land-locked countries should receive special attention from the international community, so should reaching the poorest communities be a priority of national development. It is, after all, among the poorest 25 per cent of families that problems of malnutrition, ill health, child deaths, maternal mortality, illiteracy and low productivity are concentrated. It is, therefore, not enough to state global goals in terms of national averages. As part of reaching national goals, some subnational goals should be specified so as not to leave out any sizeable administrative unit, ethnic, racial or gender group in reaching the national average. Improvement of the situation of such underprivileged subnational target groups should command a significant share of investments available for development.

## C. Disparity reduction

57. Disparity reduction is a major strategic principle that is universally applicable, and often more relevant and meaningful than reaching particular numerical targets. It identifies people falling below the mean and targets programmes to move them into the mainstream. It helps to monitor not only key indicators of progress, but also the gap between the "haves" and the "have-nots" in the disaggregated population. Monitoring averages becomes less sensitive as service coverage expands. It is the reduction of disparities, more than the absolute level of the indicator itself, that will measure the impact of development programmes in bringing about greater equity. It is, for instance, the analysis of disparities that has led South Asian Association for Regional Co-operation (SAARC) countries and those in the Middle East and North Africa (MENA) region to emphasize that UNICEF should champion affirmative action in favour of the female children, not just children in general.

## D. Community participation

58. Goals can be achieved in many ways, but if the achievements are to become self-sustaining, there must be active, willing and informed community participation. All development programmes, including those for child survival, protection and development, must be responsive to people's felt needs and must empower people to analyse and solve their own problems. Prescriptions based on the expertise and judgement of outsiders can be helpful, but the genuine ownership of communities based on awareness and popular demand is a sine qua non for the long-term success of all development programmes.

## E. Area-based programme approaches

59. Area-based programming approaches, whether for integrated rural development or urban basic services, can serve as valuable testing grounds for community acceptance and the sustainability of new programme interventions. Such programmes also provide a helpful setting for testing the appropriateness of sectoral goals in the context of multisectoral basic services approaches. As the felt needs of communities are multifaceted and synergistic rather than sectoral, the ideal development programmes are usually area-based basic services. To be successful and sustainable, even vertical programmes must be closely linked with and supportive of such multisectoral approaches.

## F. Research and development

60. Progress towards the goals for child survival, development and protection could be greatly accelerated through further research and development in the major problem areas confronting the world's children. At present, only 5 per cent of global expenditure on health research is devoted to the health problems of developing countries. Investments in research in education, agriculture, energy, etc., to improve the quality of life of the poor masses in developing countries are similarly miniscule. Much of the world's best scientific talent is currently heavily involved in research and development in the field of military technology and in creating demand for consumer products catering to the life-styles of the well-to-do, rather than in meeting the basic needs of the underpriviledged.

61. It is to be hoped that the lessening of international tensions and the prospects for arms reduction might soon release some of the world's scientific talent from military research to more peaceful pursuits. The reallocation of even a small fraction of the resources from research on armaments and luxury consumer goods to increased efforts in such fields as international health research, both biomedical and social, could possibly bring about dramatic improvements in treating and preventing malaria, ARI, diarrhoeal diseases, AIDS and others. In the 1990s, the international community must greatly increase its support for research and development, which will involve collaboration among institutions in both developing and industrialized countries in the major problem areas affecting the well-being of the most underpriviledged children and families in the world.

## G. Empowerment of women for development

62. In the past decade, the primacy of women in much of the development process has been acknowledged and supported in various international forums and declarations. It is a well-known fact that women of the developing world are responsible for producing and marketing most of the food crops. They also assume the primary responsibility for food preparation and home making, water and fuel, nutrition and health care, hygiene and the education of the young. Women are the *de facto* heads of household in many families, particularly in situations characterized by migration, e.g., from rural to urban areas, or when families are displaced by armed conflicts or natural calamities. Women are also increasingly

taking up employment in the modern sector of the economy. Yet, in far too many development programmes, most of the education and training, the technology and inputs, the credits and investments are targeted to men, not women.

63. To bridge this gap between the recognized role of women in development and their neglect in actual practice, it is essential that women receive equal access - sometimes even preferential access - to education, training, credit and other extension services. In particular, investment in female education, safe motherhood, income-generating activities and the development of labour-saving devices of particular relevance to women (such as more fuel efficient methods of cooking and less labour-intensive ways of preparing food and fetching water and fodder) is and should be regarded as among the most productive investment in social and economic development. Empowering women for development should, therefore, be both a means and an end to development.

## H. Advocacy and social mobilization

64. None of the major CSD achievements in the 1980s, such as the immense acceleration in immunization coverage, ORT, family planning services or literacy programmes, could have been accomplished solely by the sectoral government departments concerned.

65. It has taken the mobilization of many organizations - many of them previously totally unconcerned or uninvolved in child-related issues - to bring those developments to the doorsteps of the masses. The active participation of NGOs, the school system, churches and mosques, artists and intellectuals, labour unions and peasant co-operatives, women's movements and neighbourhood associations were mobilized using the communications channels offered by newspapers, radios, television and personal contacts which made it possible to reach families that were never reached by conventional government services. Such social mobilization on a massive scale is crucial not only in offering alternative delivery channels for essential services, but, even more importantly, in creating awareness of and the demand for such services.

66. The creation of popular awareness of, demand for and the participation in programmes of human development will create its own momentum for the rapid fulfilment of the human goals for the 1990s. In developing countries, politicians will have to respond to an assertive constituency. Scientists and technologists will be persuaded to orient their research to meeting human needs. In industrialized countries, public support will be generated for development co-operation. In the absence of such social mobilization and creation of alliances and partnership for children and human development, the CSD goals in the 1990s will remain an unfulfilled promise.

67. In the 1980s, there was an unprecedented level of involvement of the highest levels of political leaders in CSD actions. As an illustration, many heads of State or Government and parliamentarians on all continents personally participated in national vaccination campaigns. Heads of State and Government made collective declarations of their commitment to CSD at summit meetings of the Organization of

African Unity (OAU), SAARC, the Commonwealth and Francophone nations, the non-aligned countries, and even the United States-Soviet Union summit meeting in Moscow in 1988. The proposed World Summit for Children in 1990 will undoubtedly be a milestone for placing and keeping the needs of children high on the political agenda throughout the decade.

## I. Development with a human face

68. The need for the "structural adjustment" of economies that are out of balance is now universally accepted. It is also increasingly recognized that too often it is the poorest segments of the population that carry the heaviest burden of economic adjustment. Whereas in the early 1980s it was assumed that the negative repercussions of adjustment were unavoidable, recent studies, including some by UNICEF, have demonstrated that it is possible and, of course, highly desirable to design adjustment packages that seek to protect the poorest families and their children by improving the productivity and incomes of the poor, by maintaining well-targeted food subsidies and by expanding PHC and basic education. Of course, this imposes tough choices on policy makers, e.g. between services that are of concern to the richer and more powerful sections of society, such as the major city hospitals, universities and national airlines, versus immunization programmes, primary schools and subsidies for public transport for the poor. The choice, therefore, is not between adjustment or no adjustment, but between adjustment primarily aimed at balancing the budget and trade deficits and adjustment that also seeks to protect the poor and the vulnerable and to enhance their productivity.

69. If the human and economic goals of the fourth United Nations development decade are to be realized, even tougher choices will face the leaders of both industrialized and developing countries in pursuing not just adjustment, but development policies with a human face in the 1990s. The resolution of regional conflicts, progress in arms reduction by the super powers, prospects for reduced military expenditures, the growing universal concern with the degradation of the environment and support for human rights, including children's rights, offer unprecedented opportunities for action.

70. The growing evidence of the widening gap between what is technically and financially feasible in terms of low-cost, high-impact solutions to the most pressing problems of children, and what is actually being accomplished, points to some obvious areas for further action in the 1990s. While material and financial resources continue to be limited, the ratio of resources to results can be vastly improved. Several examples of impressive achievements in CSD by countries facing extraordinary odds in the 1980s indicate that much can be achieved with the right combination of technical interventions and social mobilization supported by the necessary political will and vision. Lessons of these experiences should be used in formulating development strategies with a human - or perhaps a child's - face in the same way that the painful experiences of structural adjustment in the early 1980s have led to the growing acceptance of adjustment policies with a human face.

## J. Environmental soundness and sustainability

71. A human environment characterized by high rates of morbidity, mortality, fertility, illiteracy and ignorance is not conducive to sustainable development. The CSD goals proposed for the 1990s seek to improve this environment by combating disease and malnutrition and promoting education. This contributes to lower birth rates and death rates, improved social services, better use of natural resources and, ultimately, to the breaking down of the vicious cycle of poverty and environmental degradation.

72. With their relatively low use of capital resources and high reliance on social mobilization, community participation and appropriate technology, the programmes designed to reach the human goals of the 1990s are highly compatible with and supportive of environmental protection. However, each one of them needs to be tested against an explicit set of criteria for sustainability and environmental soundness. Children have the greatest stake in sustainable development as their survival, development and protection depend on it. From their point of view, all development strategies must be designed to meet the needs of the present generation without compromising the ability of future generations to meet their own needs.

## K. Monitoring and evaluation

73. If human goals are to be fundamental in measuring the performance of national and international development in the 1990s, data on changes in IMR, U5MR, MMR, literacy rates, nutritional status, access to water and sanitation and other social indicators must be collected and updated much more frequently than every 5 or 10 years as at present. The current system of data collection and feedback are clearly not responsive enough to the rapid appraisal of progress and constraints. New and innovative ways of monitoring and evaluating the attainment of the human goals of the fourth United Nations development decade will need to be devised to ensure rapid course correction and remedial action.

74. For over a decade now, the international development community has been expressing serious reservations about the primacy of GNP as the principal measure of a country's level and pace of development. If human development is accorded the place of primacy in the 1990s, the international community, under the leadership of the United Nations, should take bold measures to help develop more universally acceptable social development indicators. UNICEF would propose a set of human indicators, including the use of the national U5MR as a particularly sensitive indicator, with its average annual rate of reduction as a corresponding measure of the rate of progress. In addition, other basic indicators such as the rates of literacy, life expectancy, access to water and sanitation, nutrition surveillance data, etc., should be strengthened, refined and used to monitor progress towards the achievement of the goals of the fourth United Nations development decade. UNICEF proposes to work with countries and relevant United Nations agencies to promote the development and use of these indicators.

## L. National capacity-building

75. A fundamental aim of development co-operation is to help countries and communities to help themselves. External co-operation must not create or perpetuate dependency, but must enhance self-reliance. Accordingly, external aid must emphasize institution-building and the development of infrastructure. Policies and programme approaches promoted by all donors, lenders and partners in development co-operation, including UNICEF, must be tested not only for their effectiveness in tackling pressing current problems, but also for their potential in laying the foundation for longer-term, self-reliant development.

## M. Building the economic base for meeting human goals

76. It will become difficult to sustain the progress possible in human development without restoring the forward momentum of economic development. As the experience of the 1980s has shown, social advances cannot move - for any sustained period - in a direction that is counter to economic developments. The long-term viability of social development and, indeed, the meeting of the human goals for the 1990s, will be contingent upon significant progress in at least the following fronts.

### 1. Alleviation of critical poverty

77. The achievement of the social and human goals listed in paragraphs 28-48 above could go a long way towards mitigating many of the worst manifestations of critical poverty. It is equally important, however, that other more traditional indicators of economic development - gross domestic product growth rates, agricultural and industrial output, trade and transport, employment and housing, etc. - should be planned in such a way as to contribute not only to a certain average national growth, but specifically to reducing critical poverty. All economic development programmes should be explicitly tested for their possible impact on reducing critical poverty.

78. In the past, too many projects have been justified on the basis of often unsubstantiated claims that, in the long run, they would contribute to reducing poverty. While the long gestation period of many projects is recognized, the burden of proof should rest with development plans to show how a given project will contribute to reducing critical poverty or to mitigating its consequences within a not-too-distant, foreseeable future. For this purpose, it is hoped that the international development strategy for the fourth United Nation development decade will encourage all countries to set specific, time-bound poverty reduction goals.

### 2. Debt relief

79. With external debt exceeding $1.3 trillion, and annual repayments of interest and principal amounting to three times the total of all new aid being received each year, it is inconceivable that many developing countries (especially those in Africa and Latin America) will have the resources to build the necessary economic foundation to meet the human goals for the 1990s. Therefore, some form of significant debt relief is a pre-condition to enable those countries to aspire to

join the international consensus on meeting human goals. Many proposals for debt restructuring and relief are currently under consideration, including several proposals advanced by UNICEF for "debt relief for CSD". Agreement and action on these proposals would greatly facilitate increased investment in social development and in the well-being of children.

3. Trade and commodity agreements

80. The developing world as a whole depends heavily on raw materials for the majority of its export earnings. But in the last 10 years, prices of their principal export commodities - including fuels, minerals, jute, rubber, coffee, tea, oils, fats, sugar and timber - have fallen by approximately 30 per cent. Meanwhile, protectionist trade barriers, the development of synthetic substitutes and weak economic growth in industrialized nations have further reduced the export earnings of developing countries.

81. As a major restructuring of international trade patterns and preferences appears on the horizon in the 1990s (e.g., with the emergence of a unified European market, the United States-Canada trade pact, the new trade and economic links between Western market economies and countries of Eastern Europe), it is paramount to secure favourable trade policies and commodity prices for the exports of developing countries if they are to regain the economic vitality needed for sustainable human development.

4. Increased resource flows for development

82. Although a number of donor countries have made impressive contributions, in total, the quality and quantity of official development assistance showed little improvement in the 1980s. In quantitative terms, the United Nations target of 0.7 per cent of GNP to be allocated as official development assistance has not been fulfilled. Total official development assistance has actually stagnated at around 0.35 per cent of GNP since the 1970s. Even this has been achieved because of the rising aid contribution of four European countries which have met or surpassed the official development assistance target of the third United Nations development decade, while the average official development assistance of several of the larger donor countries has declined. This overall record of development co-operation in the last three decades stands in marked contrast with the United States Marshall Plan during 1948-1952 when resources mobilized for the reconstruction of Europe and Japan amounted to 2 per cent of United States GNP. Ironically, a more appropriate comparison with the Marshall Plan would be the net transfer of resources from Latin America and Africa to the industrialized countries in the 1980s, which for six to eight years amounted proportionately to double the amount of the Marshall Plan.

83. There has also been a deterioration in the quality of official development assistance, with over half of all bilateral aid tied to procurement in donor countries, less than 25 per cent of all aid given to the 40 least developed countries (LDCs), less than 15 per cent going to agriculture, less than 11 per cent to education and less than 5 per cent to health and family planning combined.

84. The overall deterioration in the quantity and quality of development co-operation reflects not only the hard economic times facing industrialized countries, but also much disillusionment in the public and the press in both industrialized and developing countries with the ineffectiveness of aid. A new focus on measurably eradicating the worst aspects of absolute poverty, such as the human goals for the 1990s, could well arouse greater public support for development co-operation in both donor and recipient countries.

85. Development co-operation in the 1990s should aim not only to increase official development assistance, but to target it more precisely to the poorest countries, and within those countries to the poorest segments of the population and, for those groups, in programmes that appreciably increase their income and enhance their human capabilities.

5. Growth in industrialized countries

86. International development strategies of the past development decades did not specifically deal with goals and targets in industrialized countries (except for official development assistance targets and some trade-related provisions). It is clear that the poor or unbalanced economic performance of industrialized countries directly impinges upon aid, debt and trade issues affecting developing countries. Therefore, the economic future of the developing world requires balanced and substantial economic growth in industrialized countries if it is to find markets for its goods, aid for its development and relief for its debt. Reciprocally, economic growth in developing countries would create markets for the exports of industrialized nations and payments of their debt, thus creating an upward spiral effect out of the global economic problems of industrialized countries.

87. The achievement of the goals for children and development in the 1990s would, therefore, be greatly aided by a healthy world economy in which all regions of the world - North, South, East and West - have steady and balanced growth with policies fostering mutual advantage.

## VI. PROGRAMME APPROACHES IN DIFFERENT COUNTRY SITUATIONS

88. The global goals proposed in the present paper need to be considered on a country-by-country basis and translated into national goals with their own target dates, standards and additional country-specific objectives. Some of the global goals, which at this stage do not lend themselves easily to measurable targets (e.g., goals related to early child development, the protection of children in especially difficult circumstances, etc.) may be easier and more appropriate to quantify at the national level.

89. The regional and country-specific adaptation of global goals is crucial, not only to ensure technical and logistical feasibility, but also to secure the financial backing and political support without which these goals cannot be realized. If goals are formulated through a process of consultations involving not only Governments, but also relevant NGOs, the media and other social organizations, the chances of mobilizing these groups for the implementation of the goals will be greatly enhanced.

90. It is understood that while the goals remain the same for most countries, there may be different standards for their achievement. Thus, whereas universal access to safe drinking water might imply, in the higher-income developing countries, having water indoors or in the yard of every house, it might mean water being available within a maximum of 500 metres from most households in lower-middle-income countries, and within one kilometre in LDCs. Similarly, targets for adult literacy might be set in terms of all people over the age of 15 years in higher-income countries, whereas one might restrict the age-group to 15 to 45 years, or even 35 years, in the case of lower-income countries.

91. Even with differing standards for the goals, considerable variations in the strategies will be needed to reach the goals. Whereas building basic infrastructure and mobilizing external support for it will be a sine qua non for LDCs, the innovative use of existing infrastructure and social mobilization are likely to be the critical factors in more developed countries. National capacity-building and self-reliance will be very important considerations in large countries such as China, India, Indonesia, Nigeria and Brazil, whereas technical co-operation among developing countries and mutual interdependence will be far more important for Caribbean or Pacific island countries. Debt relief will be a determining factor for the highly indebted nations of Latin America, Africa and Asia, whereas the restoration of peace and tranquility will be a pre-condition for development in some 30 developing countries where civil war and regional conflicts undermine development efforts.

92. It is recognized that the LDCs will not be able to attain most of the goals for the 1990s without extraordinary effort, internal political commitment and external support. For some of the high-income developing countries and industrialized countries, on the other hand, many of the goals might not be challenging enough. Therefore, some adaptation of both goals and strategies to suit the varying typology of countries is essential.

## A. Least developed countries

93. An LDC, virtually as a whole, constitutes an area of need and deprivation. Basic services are absent or inadequate in most parts of the country. In some of the countries, there may be some scope for reallocation of the national budget, for example, where substantial cuts in military budgets are feasible and where the proportion of resources allocated to central hospitals versus PHC, or universities versus primary education could be reversed. But on the whole, the need for increased external support is far more important for those countries than the possibilities of reallocating existing resources. Similarly, while disparity reduction is a valid principle everywhere, in LDCs its importance should be kept in perspective to avoid it being interpreted as spreading poverty around more evenly. The priority for LDCs should be poverty reduction, not disparity reduction as such.

94. Advocacy, in the LDC context, must be matched with service delivery. UNICEF must mobilize more resources and advocate that other do the same.

95. The financing of recurrent and operational costs is a major concern in LDCs. It is often necessary for donors, including UNICEF, to contribute to local costs of programme initiation, some recurrent costs and certain operational costs for administrative support for a prolonged duration. It should be noted that even low-cost PHC and other basic services are not cost-free, and in the case of LDCs, they could be relatively expensive. In a situation of stark poverty, expensive expatriate technical assistance is often inappropriate in these countries and is criticized by them. On the other hand, the provision of supplies and equipment, which constitutes a substantial part of UNICEF programme inputs in such countries, is generally an effective form of support which should be continued.

96. Support for LDCs must be of a long-term nature, not for specific projects of relatively short duration.

97. National capacity-building is a top priority in this group of countries. Education is of critical importance for this purpose and deserves greater priority with regard to the allocation of UNICEF resources and those of other external partners. Capacity-building must include the development of basic infrastructure. Global goals should be seen as an opportunity to mobilize resources for capacity-building in LDCs. Another important area for capacity-building is strengthening the negotiating capacity of LDC officials in their dealings with donors.

### B. Low- and middle-income countries

98. Low- and middle-income developing countries, excluding those in the least developed category, are home to two thirds of the developing world's children. Most of the goals and strategies contained in this paper have been developed with those countries as the basic frame of reference. Each country is, of course, unique, and many of the points mentioned in the context of LDCs, as well as those in the context of some higher-income countries, apply in varying degrees to these countries as well depending on whichever income grouping they fall closest to.

### C. Higher-income developing countries

99. Although the number of countries in this category is relatively small, there is a great variety among them in per capita income, economic growth rates, income distribution, external debt, infrastructure for basic services and the overall situation of children. Broadly speaking, the higher-income developing countries can be divided into three categories for policy purposes: (a) the dynamic, newly industrializing Asian countries, which are prospering both economically and socially and have less income disparity than many of the advanced industrial countries (these countries can provide many lessons for both developing countries and industrialized countries about how to manage social development); (b) the "regressing" Latin American higher-income developing countries, with very highly skewed income distribution, a heavy external debt burden and a deteriorating social situation; and (c) the oil-rich Middle Eastern countries, where social development

often lags behind the recent economic prosperity and the relatively high proportion of national budgets are often allocated to heavy military expenditure and high-cost social services.

100. Despite such differences, there are many common features among higher-income developing countries. They generally have a significant middle class and a dynamic private sector. Technological capabilities are better developed and there is a greater abundance of skilled labour in the modern sector. Land and assets tend to be more unevenly distributed, with large poverty areas (though less so in the newly industrializing Asian countries). Mass media reach most people, and there is generally relatively good transport and other infrastructure. Most higher-income developing countries are net food importers. They tend to have close trade and technical links with the rest of the world, and some have very large debt burdens. There is a higher potential for technical co-operation among developing countries owing to the more developed technical capabilities.

101. The major challenge for CSD in higher-income developing countries is to promote self-reliance and disparity reduction. Health infrastructure is generally more adequate, so that the focus needs to be more on disease reduction rather than extending services. Most of the health goals for the year 2000 are applicable within pockets of poverty. MMRs are quite alarming in the Middle East and North Africa region and in parts of Latin America, although there is good potential for their rapid reduction. This might become a special goal for these countries. Water and sanitation is a priority in poverty areas such as urban slums. Nutrition goals are applicable, with special concerns related to junk food for children, over-nutrition in some cases and micronutrient deficiencies. Education goals are also relevant, especially early childhood development, development education and education for productivity. The reduction of gender, ethnic and income disparities in education should be a special priority in these countries.

102. UNICEF co-operation in higher-income developing countries should focus on assisting governmental and non-governmental organizations in analysing the problems and needs of children in neglected areas and population groups and in initiating advocacy and demonstration activities. Only a few goals should be chosen for UNICEF co-operation. Strategies should concentrate on policy analysis and advocacy directed at achieving more efficient and effective use of existing organizational and institutional resources and facilities. Only a relatively low proportion of UNICEF assistance in these countries takes the form of material inputs. Technical support of high-quality and specialized supplies and equipment for demonstration purposes, as well as financial assistance to facilitate experience exchange with other countries, are the most common forms of UNICEF inputs.

103. A centre-piece of UNICEF co-operation in higher-income developing countries should be a thorough situation analysis that focuses on trends, with a special emphasis on political and economic analysis, and is carried out in close co-operation with research and learning centres in the country. Alliances with the private sector and NGOs should be sought. Mass media opportunities for advocacy and social mobilization should be seized. More leeway for direct assistance to poverty groups and for creating national awareness of their problems should be worked out with the Government. Opportunities for work on the "cutting edge", such as in the fields of environment and early childhood development, should be explored.

104. Other strategies include working at the policy level to build national capacity, developing cost-sharing mechanisms, linking technical co-operation among developing countries with global awareness, linking internal poverty reduction with global poverty consciousness and placing a high priority on advocacy and information activities.

105. Since those countries have a reservoir of highly trained and talented people, a UNICEF strategy would be to facilitate creative work by such individuals and institutions to put forth their ideas for national consideration.

## D. Land-locked and small island countries

106. Among developing countries, those that are geographically disadvantaged either because they have no direct and convenient access to the sea or small island countries separated from the mainland continents by vast stretch of the oceans, face particular hardships in building and maintaining a sound infrastructure for development. A large number of land-locked developing countries are on the list of LDCs. Virtually all of these countries are among those with the most unfavourable social indicators. A large number of small island countries in the Pacific and Indian Oceans are also included in the LDC grouping and have highly unfavourable socio-economic indicators.

107. The logistical problems facing those countries require special assistance by the international community, including their neighbouring States, to help them overcome their special difficulties. Subregional approaches focusing on areas of common need and priority have proved helpful in programming for groups of small island countries in the Pacific and the Caribbean. Complementary programmes in land-locked and adjoining coastal countries (e.g., iodization of salt in the coastal country for export to the goitre-prone, land-locked neighbour) can alleviate the problems of the former. In both sea-locked and land-locked nations that are among the least developed, external donors, including UNICEF, need to exercise greater flexibility in supporting transit and transport costs where necessary.

## E. Large developing countries

108. The eight most populous developing countries (China, India, Indonesia, Brazil, Bangladesh, Nigeria, Pakistan and Mexico) account for approximately 50 per cent of the world's population, 60 per cent of the world's child deaths and 70 per cent of the world's illiterates. If global CSD goals are to be realized, progress in those countries will be decisive.

109. Compared to their size and the magnitude of children in need, these and other large countries receive a proportionately small amount of external assistance. While it can be said that larger countries possess some inherent development advantages (e.g., the economies of scale make their markets relatively more efficient, they are generally less vulnerable to external shocks, they have a greater potential for self-reliant development, etc.), these countries require and

merit special consideration in international development co-operation. Some provinces of these countries are larger than many independent countries. It is, therefore, essential that programme approaches in these countries take into account the great regional diversities. Goals should be established not only nationally, but by States, provinces and even districts.

110. UNICEF co-operation in the larger developing countries must have a regional focus, with priority accorded to regions lagging significantly behind national averages. The type of UNICEF inputs would also vary depending on the availability of national products and expertise, as well as on those provided by other external partners. Since external assistance, including that of UNICEF, constitutes a relatively small portion of what the country itself allocates, it is important to be highly selective in determining the types of inputs that will meet the most critical gaps.

## F. Industrialized countries

111. Broadly speaking, the human development goals proposed in the present paper are also relevant for industrialized countries. Contrary to popular perception, many of those countries have not attained UCI, and in terms of literacy rates, low-birth-weight babies, the prevalence of breast-feeding, perinatal care, early childhood development, the prevention of child abuse, etc., many of these countries have a long way to go to meet some of the goals that are being proposed for developing countries.

112. Industrialized countries, in particular, need to aim at reducing differences between groups within their countries in terms of opportunities to lead socially and economically fulfilling lives free of major diseases or disabilities.

113. Affordable child care should be more universally available, especially to low-income families, both to promote the development of the young child and to increase employment, training and recreation opportunities for parents. For children of ethnic minorities and children of immigrants, special efforts should be made to ensure that they are as well-equipped in terms of general school achievement, vocational training and access to employment to lead an active and productive life as adolescents as the children of the national majority.

114. To improve the general well-being of populations in developed countries, efforts should be made to promote positive health behaviour. In particular, serious efforts should be made to secure the health of the unborn child by encouraging pregnant women to be free from illicit drugs and the harmful effects of smoking and alcohol consumption.

115. In the field of education, in addition to acquiring the functional literacy and numeracy skills required for life in a complex, urban industrial setting characterized by rapid technological changes, an important additional element to be stressed in the curricula of schools in industrialized countries should be the concept of development education. This teaches children to be aware of the problems of developing countries, the interdependence of nations in the modern

world, how to protect the environment that the whole humanity must share and how to build a future that is humane, peaceful and just.

116. The development of global solidarity for children is at the core of the evolving role of UNICEF in industrialized countries. The increasing number of transnational problems, such as drugs, migration, armed conflicts, AIDS and the degradation of the environment, call for joint actions by industrialized and developing countries. Through its involvement in development education, UNICEF seeks to highlight the interdependence of industrialized and developing countries in such matters.

117. While UNICEF financial assistance will continue to be allocated exclusively for developing countries, some of its advocacy will encompass programme approaches and policy analyses that are universally applicable in both industrialized and developing countries.

## VII. KEY OPERATIONAL STRATEGIES FOR UNICEF

118. The preceding sections of this report have examined goals, strategies and programme approaches in different country situations which are generally applicable to all organizations and institutions involved in programmes for the well-being of children and human development. This section of the report deals more specifically with operational strategies for UNICEF, taking into account its own unique mandate, its accumulated experience and its actual and potential comparative advantages.

### A. Programme strategies

119. The country programme approach, enriched by interaction with the global vision of goals and strategies for the fourth United Nations development decade, should be the basis for setting priorities for UNICEF co-operation in the 1990s. The seven major goals for child survival, development and protection apply to all countries, although the UNICEF country programme of co-operation need not, and often would not, cover all the goals simultaneously. UNICEF should, however, assist Governments to analyse carefully the relevance and feasibility of all the goals, even if its direct financial co-operation may be limited to only some of them. As a general principle, UNICEF involvement in analysis and advocacy should be broad, but the sphere of its specific actions should be highly selective. The country programming process should be used to identify key programme interventions and to delineate specific constituencies for intensive action purposes, such as female children, selected urban areas or rural districts, etc. The principle of disparity reduction can be helpful in setting priorities and making strategic choices.

120. In most country programmes some 80 per cent of UNICEF financial resources should be allocated to four key areas: health; nutrition; water and sanitation; and basic education. The remaining 20 per cent would be devoted to other cross-cutting concerns (e.g., women in development, urban basic services, children in especially difficult circumstances, etc.) and advocacy of goals that UNICEF supports, but for which it is unable to mobilize much direct financial assistance.

In higher-income developing countries, this 80 per cent/20 per cent breakdown may be reversed to focus on advocacy and social mobilization as core activities and specific sectoral programme interventions for demonstration purposes as supplemental actions.

121. In the process of country programming or during mid-term reviews, the UNICEF team in each country should determine with their government counterparts specific goals in each of the four key areas, both for the decade of the 1990s and, more importantly, for medium-term periods coinciding with the national development plan cycles of the Government. Appropriate phasing of the decade goals into two or three country programme periods is highly desirable. Since Governments are likely to select goals that can be achieved within the period of their mandate more seriously than those that can only be achieved during the terms of their successors, long-term goals must be phased in such a way that measurable targets can be set for intermediate time-frames, generally coinciding with the mandate of the Government in power.

122. As for the specific sectoral goals in support of the major goals, the country programming process should serve as the basis for their selection. Governments will certainly be sensitive to the issue of diminishing returns as a country comes close to reaching some of the global goals. The opportunity cost of reaching the last 5 or 10 per cent of a global target may sometimes appear too high in the face of other crucial problems facing a larger number of beneficiaries. In such cases, it may be wiser to advocate reaching certain minimum thresholds and reducing disparities rather than to aim at the total elimination of problems and universal coverage of services where the marginal and opportunity costs are unusually high. Where the total eradication of a disease requires unduly high investment in developing countries, UNICEF must help to ensure that the international community bears the major financial burden.

123. Strengthening the capacity of UNICEF and developing countries to monitor progress towards the achievement of the 1990s goals will be of critical importance, and UNICEF will accord it high priority. A system of monitoring progress towards the achievement of the 1990s goals will be established in all UNICEF offices - at the country office, regional office and headquarters levels. The first order of priority is to ascertain the baseline information on the key indicators for each goal as of 1989-1990. A system of periodic updating of progress will be instituted with relevant government counterpart ministries. UNICEF will collaborate with other competent United Nations agencies in assisting Governments to build national capacity in this area.

### B. External relations strategies for programme advocacy and resource mobilization

124. Over the years, the advocacy role of UNICEF has changed from only supporting specific projects to a major function in its own right. Increasingly, UNICEF-assisted projects themselves serve as catalysts for influencing larger programmes which, in turn, are aimed at attaining major goals for child survival, development and protection. In this sense, all UNICEF-assisted projects should be

advocacy projects that seek to influence policies and leverage other people's resources in favour of children. The ultimate test of UNICEF advocacy, whether through traditional projects or through new forms of social mobilization, is its success in producing significant programme results for the well-being of children.

125. As advocacy and leveraging other people's resources for children becomes a major function of UNICEF, its ability to influence the policies of other development agencies, NGOs, the media, etc., becomes a key determinant of its success. Thus, in UNICEF, programming and what is known as "external relations" are inseparable. UNICEF representatives and directors must, therefore, be conversant with both programming and mobilization skills. Programme officers too will need to acquire these skills, if they do not already possess them.

126. UNICEF is not, and does not seek to be, a major resource transfer agency. However, in the 1990s, it will need a steady 5 to 7 per cent real growth per annum in its revenues if it is to play an effective role in assisting developing countries to reach the CSD goals. In addition to the modest amounts of additional resources channelled through UNICEF, it will be essential that significantly larger amounts of resources are mobilized, both bilaterally and multilaterally, for human development activities, especially in LDCs. UNICEF will seek to encourage this through its analytical and advocacy work in support of building a sound economic base for sustainable social development.

127. UNICEF can help to promote many of the strategic priorities for reaching the CSD goals for the 1990s, as described in paragraphs 49-75 above, through its country programmes of co-operation with developing countries. One critical area in which UNICEF can only play a very limited direct role is in building the economic base so vital for sustainable development. However, measures for building the economic base, such as the alleviation of critical poverty, debt relief, trade reforms, increased development aid and economic growth in both industrialized and developing countries, are so essential for the overall success of the fourth United Nations development decade, including the goals and strategies for children and development in the 1990s, that UNICEF must find appropriate ways to contribute to their achievement. The following are some of the ways in which UNICEF could be helpful in this regard:

(a) UNICEF work on "adjustment with a human face" provoked considerable debate and had some impact on the development agenda of the 1980s. Its advocacy of "meso-policies" targeted to vulnerable groups, pricing policies that have a positive effect on nutrition, credit for women, small farmers and other low-income groups, etc., was well received, though not consistently applied, by Governments and international financial institutions. In the 1990s, UNICEF should continue this type of analysis, broaden the scope to include issues such as the relationship and trade-offs between debt relief and economic growth, military expenditures and social investment, poverty and environment, and child survival and population growth;

(b) Not only should UNICEF present analyses of the effects of macro-economic policies on the well-being of children, but it should actively advocate those policies and programme approaches that protect children and vulnerable groups in times of economic hardships. It is essential to ensure that any restructuring of

the economy does not neglect the interests of children whose survival and development cannot be postponed without causing irreparable damage;

(c) The need to build infrastructures for long-term development is often used as justification for not investing in what is currently feasible. Human capital being the most important factor for the development of a nation, support for the many readily achievable CSD goals must be defended as productive investment for national development and not just as essential consumption for social welfare;

(d) Increasingly, the United Nations development system is focusing on human development as the centre-piece of its contribution to the international development strategy for the 1990s. UNICEF will work closely with other agencies of the United Nations system, not only to promote goals and strategies contained in this paper, but also to advocate that broader macro-economic goals and strategies are supportive of the human goals for the decade.

128. In the 1990s, UNICEF will continue to be preoccupied primarily with problems of children in developing countries. However, in an increasingly interdependent world, many of the problems facing children in developing countries, such as AIDS, drug abuse, the decline in breast-feeding, the consequences of environmental degradation, etc., affect children in industrialized countries as well. Solutions to many of those problems need to be universally applicable. In this connection, UNICEF would like to see much of its work being relevant to all countries, rich and poor. A new dimension of UNICEF policy analysis and advocacy in the 1990s could, therefore, be aimed at creating a new form of solidarity based on common concerns among industrialized and developing countries.

129. Perhaps the most fundamental change that UNICEF seeks to bring about in the 1990s for the world's children is to help create an ethic of "first call for children". Such an ethic is of relevance world-wide, not just in developing countries. The most effective assistance that industrialized countries can give to developing countries in support of the creation of such an ethic would be through good example. UNICEF involvement in the promotion of this ethic in both rich and poor countries would, therefore, be of great synergistic value, particularly for children in developing countries.

130. The Convention on the Rights of the Child, which is applicable to all countries, provides a valuable advocacy tool for UNICEF to promote the ethic of "first call for children" world-wide. Although UNICEF is not mandated to enforce or even monitor compliance with the Convention, it is expected that as the United Nations body entrusted by the General Assembly with the follow-up of the International Year of the Child, it would be actively involved in promoting its implementation. As the Convention embodies the most comprehensive list of goals for the well-being of children, its full implementation is the best guarantee of achieving the goals for children and development in the 1990s.

131. One of the most effective instruments that UNICEF can marshal on behalf of children in the 1990s is the world's new capacity to bring the most relevant knowledge for dramatically improving the well-being of children to the doorsteps of every family. Therefore, a major role of UNICEF external relations should be to form alliances with activists who can galvanize the outreach of radio and

television, VCRs and popular theatre, community organizations and national leaders to spread the knowledge and skills that can empower parents to improve the quality of life of their children. This is a task for the entire UNICEF network, including its field offices and National Committees, headquarters directorates and Executive Board.

132. In addition to the political commitment of Governments, and the co-ordinated support of United Nations agencies, the success of the goals for children and development in the 1990s is also critically dependent on the active support of bilateral donors, regional institutions and NGOs. Building effective partnerships with those organizations is another key task of UNICEF programme advocacy and resource mobilization.

133. A more detailed analysis of UNICEF programme advocacy and resource mobilization function, including goals, strategies and priorities for external relations, are contained in document E/ICEF/1990/L.4.

## C. Organizational and management strategies

134. It is expected that the goals and strategies for the 1990s will require increased attention to the operations functions of UNICEF and an increased focus on management. The expected increase in funding and associated accountability, as well as the complexity of multiple goals, will require a much higher level of operational support.

135. As UNICEF embarks on increasingly ambitious goals and advocacy in potentially controversial areas (e.g., children in armed conflict, debt relief, child rights, etc.), it becomes imperative that UNICEF management and accountability is above reproach. It is only through impeccable management and accountability that UNICEF will sustain the trust and credibility with its Executive Board, its donors, partners and supporters which would enable it to venture confidently in potentially sensitive areas of national and international policies affecting the well-being of children. Accordingly, in the 1990s, UNICEF must attach great importance to the sound management of resources entrusted to it as it seeks to articulate a vision of "first call for children" and massive social mobilization for the acceleration of CSD actions. The specific, measurable goals for the decade will be very helpful in this regard as they foster a culture of management by objectives.

136. UNICEF should continue to be a decentralized organization in which its country representatives have sufficient authority to respond to the changing needs of children and development priorities of Governments. The rest of the organizational structure should be adaptable to this overall requirement. Effective decentralization, of course, requires a well-functioning system of checks and balances and organizational discipline. Accordingly, all measures for further decentralization will be accompanied by adequate control mechanisms at regional office and headquarters levels and clear instructions on accountability at the decentralized levels. The audit and evaluation functions of the organization will need to be continually reviewed and strengthened as necessary.

137. UNICEF is increasingly becoming a knowledge-based organization, providing substantive, authoritative information as much as supplies and services. While specialized agencies such as the World Health Organization (WHO), the United Nations Educational, Scientific and Cultural Organization (UNESCO) and others provide the authoritative knowledge, the comparative advantage of UNICEF lies in its ability to translate that knowledge into practical skills to improve the well-being of children and to communicate it to parents, communities, providers of services and decision makers. Highly qualified staff will be required to meet this challenge, necessitating sound human resource planning. Emphasis will need to be given to the recruitment of highly motivated and qualified staff, particularly from under-represented categories, e.g., more women, young professionals and staff with first-hand knowledge of developing countries. An equal amount of attention needs to be given to the training of existing staff to maintain and upgrade their existing skills in a rapidly changing world and to help them to acquire new skills. Training activities in the 1990s will focus on the areas of socio-economic analysis, communication and mobilization skills, cost analysis, monitoring and evaluation and managerial skills.

138. The medium-term plan for the period 1990-1993 (E/ICEF/1990/3) contains a fuller description of the UNICEF financial plan, human resource strategies and other managerial and organizational issues which are best dealt with in a medium-term time-frame given the rapidly changing environment in which UNICEF must operate as a voluntarily-funded organization.

## VIII. RECOMMENDATION

139. The Executive Director recommends that the Executive Board:

(a) Approve the goals and strategies for children and development in the 1990s contained in the present document as the guiding principles for UNICEF work in the 1990s. Specific programme priorities and commitments of financial resources will be made on the basis of the UNICEF medium-term plan, the biennial budget, the country programme recommendations and other proposals submitted to the Executive Board through the normal process;

(b) Call upon Member States, individually and collectively, to support the goals and strategies for the survival, protection and development of children, as contained in the present paper, as part of the broader international development strategy for the fourth United Nations development decade;

(c) Request Member States, international development agencies and non-governmental organizations to help mobilize the necessary financial resources and political support to help achieve the major goals and strategies contained in the present document.

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